



Affidavit to Amend a Death Record



Upon request, this document will be made available in Braille, large print, and audiocassette or computer disk. To obtain a copy in one of these alternate formats, please call or write:

California Office of Vital Records
M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410
Telephone: (916) 445-2684
California Relay: 711/1-800-735-2929
www.dhs.ca.gov (then select "Services")

Amending a Death Certificate

What information can be changed with an amendment?

Amendments are used to correct **errors** on the death certificate.

The VS 24 can be used to:

- Correct spelling errors.
- Add information not known at the time of death.
- Add an “AKA” (“also known as”) to decedent’s name.
- Correct most items on the certificate, except those noted below.

The VS 24 cannot be used to:

- Change the informant that’s listed on the original death certificate.
- Correct the date, time, place, or cause of death (this information can only be changed by a physician or coroner).

What form do I use?

- **Affidavit to Amend a Record, VS 24(L):** Use this form to amend deaths that occurred January 1, 1994 **or later**.
- **Affidavit to Amend a Record, VS 24(S):** Use this form to amend deaths **before** January 1, 1994, and **all** court order delayed death registrations.

What’s the fee to amend a death certificate?

Within One Year of the Death:

- There’s no fee to amend a record within one year of the date of the death (**but you don’t get a copy of the amended record**).
- If you want a Certified Copy of the amended record, there’s a \$12 fee for each copy.

If the Death Occurred More Than One Year Ago:

- There’s a \$20 fee, which includes one Certified Copy of the amended record.
- Additional copies are \$12.

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What's the fee to amend a death certificate?

(Continued)

Please Note



Fees should be paid by check or money order payable to **Office of Vital Records**. International money orders for out-of-country requests should be payable in U.S. dollars.

If you're not paying a fee to process the amendment (it's within the first year and you're not paying to get a Certified Copy of the amended record), you won't receive any contact from our office – we'll just amend the record and close the file. For these non-fee amendments, we don't send a notification of receipt or a Certified Copy of the amended record.

Once we complete the amendment (the processing time's listed at the end of this pamphlet), we'll send a copy of the amended record to the local registrar so they can update their records.

What do I submit to amend a death certificate?

- You'll need to complete the Affidavit to Amend a Record, VS 24(L) or VS 24(S).
- Although this item ***isn't required***, it would help our staff if you could include a photocopy of the current death certificate (this helps us identify the exact record to be amended).
- If you're requesting a Certified Copy of the amended record, you ***must*** include a notarized Sworn Statement (see next section for more information).
- Mail the following items to our office using the address on the front of this pamphlet:
 - Completed VS 24(L) or (S)
 - Appropriate fee
 - ***Notarized*** Sworn Statement (if copy of amended record is being issued)
 - Photocopy of current death certificate (if you have it)
- If any of the required items aren't included, your request will be returned to you for correction.

Why do I need a Sworn Statement?

Effective July 1, 2003, a new law changed the way we issue birth and death certificates. To help protect against identity theft, the law requires that only an **authorized person** (as defined by law) may receive a Certified Copy of a birth or death record. In order to receive the Certified Copy, you must sign (and notarize) the Sworn Statement declaring under penalty of perjury that you're authorized by law to receive the Certified Copy.

Only one notarized Sworn Statement is required for multiple amendments submitted at the same time. But the Sworn Statement must include the name of each person whose record is being amended and your relationship to that person.

You **do not have to complete** the attached Application for Certified Copy of Death Record, but please read the first page for the definition of "authorized person" before completing the Sworn Statement.

Where can I get the VS 24?

Because the amendment document becomes part of the official record, it must be an **original** form (our office uses a special bond paper). **Photocopies are not acceptable.** One application form is included if you receive this pamphlet by mail. If you need additional copies of the VS 24 form, or are accessing this pamphlet on our website:

- Order forms electronically at www.dhs.ca.gov/hisp/chs/ovr/ovrformsreq.asp. Because of the volume of phone calls we receive, the internet is usually a faster process for our customers than calling our Customer Service Unit.
 - Call our Customer Service Unit at (916) 445-2684.
 - You can also get the form from the County Recorder or County Health Department in any California county.
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How do I complete the VS 24?

A sample of what a completed form should look like is attached:

PART I:

- Complete the information **exactly** as it appears on the current death certificate.

Note: If you need a copy of the current death certificate to complete this section, you can get a copy by completing the Application for Certified Copy of Death Certificate (attached) and submitting the application (and \$12 fee) to our office. Our average processing time for death certificates is 6 weeks. But you can get a copy much faster from the County Recorder in the county where the death took place.

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How do I complete the VS 24?

(Continued)

PART II:

- **Item 10:** Enter the item number from the current death certificate that needs to be corrected. List only one item per line.
 - **Item 11:** Enter the *incorrect* information **as it appears** on the current death certificate.
 - **Item 12:** Enter the *correct* information **as it should appear** on the death certificate.
 - **Item 13:** Briefly state the reason for the correction.
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Who may sign supporting affidavits?

- Two persons having knowledge of the facts must complete the supporting affidavits. See next section for additional information. The signed affidavits must be included on the bottom of the VS 24 – and not as a separate document.
 - ***Two signatures are required.***
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Are there situations where specific persons must sign the affidavits?

Yes.

- **When correcting marital status (item 12), or when adding or changing a surviving spouse (items 28-30):** Both the informant who's listed on the death certificate and the surviving spouse must sign the affidavit.

If either the informant or the surviving spouse refuses to sign the affidavit, we can correct the marital information if you provide a **certified** copy of a court order establishing the decedent's marital status at the time of his or her death. The court order should be mailed to our office with the affidavit signed by two persons with knowledge of the facts.

- **When correcting items 26 or 27 (name, relationship, or mailing address of the informant):** The original informant must sign the affidavit.
 - **When changing item 26 (informant name/relationship) from “under investigation” status to include an informant:** The certifying physician, coroner, or medical examiner must sign the affidavit.
 - **When correcting the date, time, place, or cause of death:** Only the physician, coroner, or medical examiner can amend these items.
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What makes a
VS 24 form
“acceptable”?

Important Information

Death certificates are legal documents that must hold up in any court, unchallenged as to their accuracy and reliability.

Because the amendment you submit becomes an actual part of this legal document, it must adhere to strict guidelines:

- Every item on the amendment must be completed.
- The amendment form must be an original, not a photocopy.
- Because the amendment form becomes part of the official record, every word and letter must be extremely clear and legible. ***Using a typewriter to complete the form ensures that the information is interpreted clearly.***
- If you're not able to type the amendment, it's extremely important that you take the extra time to print ***very clearly and legibly***. Documents that aren't legible will be returned to you to complete again.
- ***Only black ink is acceptable.***
- ***There can't be any erasures, whiteout, or alterations.***

How will I know
if my request has
been accepted?

Once your request has been received and evaluated, we'll send you either:

- A postcard letting you know your request has been accepted, and reminding you of our processing time. (You'll only receive this postcard if you have paid a fee for the amendment, which means you'll be getting a Certified Copy of the amended record).
- If your request is not accepted (e.g., due to insufficient fee, insufficient information, etc.), we'll return your request to you with a letter explaining what needs to be corrected.

Please allow about 6 weeks to receive the acknowledgement postcard. Rejected requests can take up to 10 weeks to be returned.

How long will it take to process the amendment?

Our processing time for death amendments is:

- **Deaths in Current and Prior Year:** Approximately 5 months. We give priority to these more recent records because families may be waiting for amendments in order to settle estates, obtain survivors' benefits, etc.
- **Deaths in All Other Years:** Approximately 7 months.

The processing time can change based on our workload.

Once I file the amendment, what happens to the original record?

- The original record remains unchanged, and the amendment becomes page 2 of the death certificate - making it a two-page document (per Health and Safety Code 102140 and 103255).
 - Anyone receiving a copy after the amendment is applied will receive a copy of both documents.
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What if I still have questions?

If you've read this pamphlet thoroughly and still have questions that weren't answered in this pamphlet, please call (916) 557-6073 and leave your name, telephone number, and question. One of our Amended Records staff will return your call within 48 hours.

If you have questions on the **status** of your request, please call our Customer Service Unit at (916) 445-2684 – **but only after the processing time has passed.**

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**DO NOT Complete This Application Before Reading the Instructions on Page 2**

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that **are not** valid to establish identity.

Fee: **\$12 per copy** (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" . (A Sworn Statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- ☐ A parent or legal guardian of the registrant (person listed on the certificate).
- ☐ A party entitled to receive the record as a result of a court order.
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (*Companies representing a government agency must provide authorization from the government agency.*)
- ☐ A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (*If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.*)
- ☐ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Today's Date: _____

Agency Name (if appropriate)		Agency Case No. (if appropriate)		Purpose of Request	
Printed Name and Signature of Applicant				Number of Copies	Amount Enclosed
Mailing Address – Number, Street				Name of Person Receiving Copies, if Different From Applicant	
City	State / Province	ZIP Code	Mailing Address for Copies, If Different From Applicant		
Daytime Telephone (include area code) ()		Country	City	State	ZIP Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent – Last		First	Middle		Sex
City of Death (must be in California)	County of Death	Date of Birth – MM/DD/CCYY		State of Birth	
Date of Death – MM/DD/CCYY (Or Period of Years to be Searched)				Social Security Number	
Maiden Name – Mother/Parent			Name of Spouse/Domestic Partner of Decedent (Last , First, Middle)		

DEATH

Page 1 of 3

INFORMATION: Death records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

INSTRUCTIONS:

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application for each death record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent Information** section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **SWORN STATEMENT:**
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant (person listed on the certificate) – the relationship must be one of those identified on Page 1).
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.
5. Submit \$12 for **each** copy requested. If no death record is found, the \$12 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **Office of Vital Records**. Mail this application with the fee(s) to the Office of Vital Records at the address below.
6. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records - MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

DEATH

Page 2 of 3

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicant's Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____, _____.
(Day) (Month) (City) (State)

(Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) ss
County of _____)

On _____ before me, _____, personally appeared _____,
(insert name and title of the officer here)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE

STATE FILE NUMBER

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER


NAME AS IT APPEARS ON RECORD	1. NAME - FIRST (GIVEN) Mary		2. MIDDLE Jane	3. LAST (FAMILY) Smith-Doe
	4. SEX Female	5. DATE OF EVENT - MM/DD/CCYY 08/24/1998	6. CITY OF OCCURRENCE Sacramento	7. COUNTY OF OCCURRENCE Sacramento
ADDITIONAL INFORMATION TO LOCATE RECORD	8. FATHER'S NAME AS STATED ON ORIGINAL James L. Smith			9. MOTHER'S NAME AS STATED ON ORIGINAL Mary Anne Lee

[illegible]

13. To correct decedent's age, Social Security number and city of residence.

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

14. SIGNATURE OF FIRST PERSON 		15. TITLE/RELATIONSHIP TO PERSON IN PART I Surviving Spouse	16. DATE SIGNED-MM/DD/CCYY 01/05/2004
17. AGE Legal	18. ADDRESS (STREET, CITY, STATE, ZIP) 1234 Main Street Sacramento, CA 95817		

19. SIGNATURE OF SECOND PERSON 	20. TITLE/RELATIONSHIP TO PERSON IN PART I Son	21. DATE SIGNED—MM/DD/CCYY 01/05/2004
22. AGE Legal	23. ADDRESS (STREET, CITY, STATE, ZIP) 1234 Main Street Sacramento, CA 95817	

24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
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